

PATENT APPLICATION FEE DETERMINATION RECORD

Effective November 10, 1998

Application or Docket Number

CLAIMS AS FILED - PART I									SMALL	ENTITY	•	OTHER	THAN
			(Column 1)			(Column 2)			TYPE		OR:	SMALL	
FOR			NUMBER FILED			NUMBER EXTRA			RATE	FEE		RATE	FEE
ВА	SIC FEE							ſ		380.00	OR		760.00
то	TAL CLAIMS		minus 20=			= *			X\$ 9=		OR	X\$18=	
IND	DEPENDENT CL	AIMS	2	minus	3 = /	·			X39=		OR	X78=	
MULTIPLE DEPENDENT CLAIM PRESENT								+130=		OR	+260=		
* If the difference in column 1 is less than zero, enter "0" in column 2								, L	TOTAL		OR	TOTAL	Na
:	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMALL	ENTITY	OR	OTHER SMALL I	
AMENDMENT A	۰	CLAIMS REMAINING AFTER AMENDMEN			PRI	IIGHEST IUMBER EVIOUSLY AID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*		Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*		Minus	***	·	=		X39=		OR	X78=	
	FIRST PRESE	NIAIIC	ON OF MU	JLTIPLE DEF	PEND	ENT CLAIM			+130=		OR	+260=	-107-
								L	TOTAL		OR	TOTAL	
		(Cal	umm 4\		(C .	aluman O\	(Column 2)	Α	DDIT. FEE		1 0,	ADDIT. FEE	
			umn 1) AIMS			olumn 2) IIGHEST	(Column 3)	Г		ADDI		·	ADDI
AMENDMENT B		AF	AINING FTER NDMENT	.	PR	IUMBER EVIOUSLY AID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*		Minus	**		=	ſ	X\$ 9=		OR	X\$18=	
	Independent			Minus			=	Ī	X39=		OR	X78=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									+130=		OR	+260=	
									TOTAL DDIT. FEE			TOTAL ADDIT. FEE	
		(Coli	umn 1)	•	C	olumn 2)	(Column 3)	•	5511.7 221		•		
AMENDMENT C		CL REM AF	AIMS AINING TER IDMENT	o°	H N PRI	IIGHEST IUMBER EVIOUSLY AID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*		Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*		Minus	***		= '	F	X39=			X78=	
۷	FIRST PRESE	NTATIC	N OF MU	JLTIPLE DEF	PENDI	ENT CLAIM		-	∧ 33=		OR	∧/ O=	
+130=											OR	+260=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."													
	The "Highest Nur							r four	d in the apr	propriate box	cin coli	umn 1.	